

File Original and First Copy with  
Department of Ecology

Second Copy—Owner's Copy

Third Copy—Driller's Copy

**WATER WELL REPORT**

STATE OF WASHINGTON

Start Card

Water Right Permit No.

(1) OWNER: Name Robert Schaefer Address Freelands 7411 Robinson Rd(2) LOCATION OF WELL: County ISLAND SE 1/4 NE 1/4 Sec 11 T. 29 N. R. 8 W.M.(2a) STREET ADDRESS OF WELL (or nearest address) 3208 Wilkes Rd(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☒  
☐ Irrigation ☐ Test Well ☐ Other ☐  
☐ DeWater(4) TYPE OF WORK: Owner's number of well  
(if more than one)Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐  
Deepened ☐ Cable ☒ Driven ☐  
Reconditioned ☐ Rotary ☐ Jetted ☐(5) DIMENSIONS: Diameter of well 6 inches.  
Drilled 135 feet. Depth of completed well 135 ft.

## (6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from 0 ft. to 120 ft.  
Welded ☒ " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Liner installed ☐ " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Threaded ☐ " Diam. from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.Perforations: Yes ☐ No ☐

Type of perforator used \_\_\_\_\_

Size of perforations \_\_\_\_\_ in. by \_\_\_\_\_ in.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

\_\_\_\_\_ perforations from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Screens: Yes ☒ No ☐Manufacturer's Name CockType SS 4126

Model No. \_\_\_\_\_

Diam. 6 Slot size 8 from 120 ft. to 135 ft.

Diam. \_\_\_\_\_ Slot size \_\_\_\_\_ from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Gravel packed: Yes ☐ No ☐ Size of gravel \_\_\_\_\_

Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Surface seal: Yes ☒ No ☐ To what depth? 18 ft.Material used in seal BEAD & 1/2 TDid any strata contain unusable water? Yes ☐ No ☐

Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_

Method of sealing strata off \_\_\_\_\_

(7) PUMP: Manufacturer's Name \_\_\_\_\_

Type: \_\_\_\_\_ H.P. \_\_\_\_\_

(8) WATER LEVELS: Land-surface elevation above mean sea level 150 ft.Static level 100' ft. below top of well Date 10/18/89

Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_

Artesian water is controlled by \_\_\_\_\_ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☐ No ☐ If yes, by whom? \_\_\_\_\_

Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hrs.

" " " " " "

" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time Water Level Time Water Level Time Water Level

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of test 10/4/89Bailer test 20 gal./min. with 10' ft. drawdown after 4 1/2 hrs.

Airtest \_\_\_\_\_ gal./min. with stem set at \_\_\_\_\_ ft. for \_\_\_\_\_ hrs.

Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_

Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☐

## (10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
COURT SAND + GRAVEL BA	0	12
Fine SAND Brown	12	60
Med SAND Brown	60	100
SAND W.W. Brown	100	135

Work started 9/12/89, 19. Completed 10/4/89, 19.

## WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME PAUL DRILLER (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)Address 1889 E Roy Rd(Signed) Paul Driller License No. 0264

Contractor's Registration No. \_\_\_\_\_ (WELL DRILLER)

Date 10/4/89, 19.

(USE ADDITIONAL SHEETS IF NECESSARY)



# Well Tagging Form



Unique Well Tag No: AKY 754

## RECORD VERIFICATION (check one)

- ☒ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

PWS 00678P  
301

## WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name Terry E. LEHMAN Last Name JEL Company #11

Street Address 18181 S.R. 525 suite B

City Freeland State WA 98249

## LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address Parcel S 8463-00-00005-0 4317 Meaple Lane

City Langley County Island

T 29 N R 3 E WM Sec 11 SE 1/4 of the NE

## FOR AGENCY USE ONLY

Latitude \_\_\_\_\_

Longitude \_\_\_\_\_

Elevation at land surface \_\_\_\_\_ feet/meters (circle one)

Additional information, if available

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other \_\_\_\_\_

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

al Description of well (size or casing type or well housing, etc.)

6" casing well adjacent to  
pumphouse on vacant wooded parcel

n or Well Identification Tag

Strapped to well casing

Supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

Scale 1 24,000 (1"=2 000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION

11

C B A

F G H

L K J

P Q R

ENTS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

ght #

Date Issued

One

Application

Permit

Certificate

Claim

Exempt